## REST AVAILABLE COPY

|   |   |   |               |               |  |               |                                |                                       |               |           |                        |                            | 7 Docket Number 3 2 3 0 4 |                        |  |
|---|---|---|---------------|---------------|--|---------------|--------------------------------|---------------------------------------|---------------|-----------|------------------------|----------------------------|---------------------------|------------------------|--|
| CLAIMS AS FILED - PART (Column 1)   |   |   |               |               |  |               | nn 2)                          |                                       | SMALL<br>TYPE | EN        |                        | OR                         | OTHER<br>SMALL E          |                        |  |
| TOTAL CLAIMS 13   |   |   |               |               |  |               |                                |                                       | RATE          |           | FEE                    |                            | RATE                      | FEE                    |  |
| FOR   |   |   | NUMBER FILED  |               |  | NUMBER EXTRA  |                                |                                       | BASIC F       | EE        | 355.00                 | OR                         | BASIC FEE                 | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 3 minus 20=   |               |  | • • 0         |                                |                                       | X\$ 9=        |           |                        | OR                         | X\$18=                    | 0                      |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =     |               |  | 0             |                                |                                       | X40=          |           |                        | OR                         | X80=                      | 0                      |  |
| MULTIPLE DEPENDENT CLAIM PR   |   |   |               | RESENT        |  |               |                                |                                       |               | +135=     |                        | OR                         | +270=                     | Q                      |  |
| • If 1  | the difference i                        | less than zero, enter "0                    |               |               | " in co  | column 2 TO   |                                |                                       |               |           | OR                     | TOTAL                      | 710-00                    |                        |  |
|   | CL                                      |   | MENDED - PART |               |  |               | (Column 2)                     |                                       | SMALL ENTITY  |           | OR                     | OTHER THAN<br>SMALL ENTITY |                           |                        |  |
| AMENDMENT A   |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |               | PI            | Column<br>HIGHES'<br>NUMBER<br>REVIOUS<br>PAID FOI | T<br>R<br>SLY | (Column 3)<br>PRESENT<br>EXTRA |                                       | RATE          | $\exists$ | ADDI-<br>TIONAL<br>FEE | _ , ,                      | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                   | . 8   | Minus         |               | 20   |               |                                |                                       | X\$ 9:        | =         |                        | OR                         | X\$18=                    |                        |  |
|   | Independent                             | • 1   | Minu          |               | 5 .  |               | =                              |                                       | X40=          | -         |                        | OR                         | X80=                      |                        |  |
| ≤   | FIRST PRESE                             | NTATION OF M                                | JLTIPI        | E DEPEN       | DENT C   | LAIM          |                                |                                       | +135          |           |                        | OR                         | +270=                     |                        |  |
|   |   |   |               |               |  |               |                                |                                       | TO1           |           |                        | ΔĐ                         | TOTAL                     |                        |  |
|   | (Column 1) (Column 2) (Column 3         |   |               |               |  |               |                                |                                       | ADDIT. F      | ΈE        |                        | JON.                       | ADDIT. FEE                |                        |  |
|   |   | (Column 1)<br>CLAIMS                        |               |               | HIGHES   | T             | PRESENT<br>EXTRA               | ֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |               | 7         | ADDI-                  |                            |                           | ADDI-                  |  |
| MENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT             |               | P             | NUMBE<br>REVIOUS<br>PAID FO                        | IOUSLY        |                                |                                       | RATE          |           | TIONAL<br>FEE          |                            | RATE                      | TIONAL<br>FEE          |  |
|   | Total .                                 | · 12  | Minu          | 5 **          |  |               | =                              |                                       | X\$ 9         | =         |                        | OR                         | X\$18=                    |                        |  |
|   | Independent                             | • /   | Minu          | <u> </u>      |  |               | =                              |                                       | X40=          | -         |                        | OR                         | X80=                      |                        |  |
|   | FIRST PRESE                             | NTATION OF M                                | ULTIPI        | E DEPEN       | DENT C   | LAIM          | Ц                              | j                                     | +135          |           |                        | OR                         | +270=                     |                        |  |
|   |   |   |               |               |  |               |                                |                                       | TOT           |           |                        | OR                         | TOTAL<br>ADDIT, FEE       |                        |  |
| 8-23 Column 1) (Column 2) (Column 3)  |   |   |               |               |  |               |                                |                                       |               |           |                        |                            | AUUII, FEE                |                        |  |
| AMENDMENT C   |   | CLAIMS REMAINING AFTER AMENDMENT            |               |               | HIGHES<br>NUMBE<br>REVIOU<br>PAID FO               | T<br>R<br>SLY | PRESENT<br>EXTRA               |                                       | RATI          | E         | ADDI-<br>TIONAL<br>FEE |                            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                   | . 70  | Minu          | s •••         | 20   | <u>ر</u>      | =                              |                                       | X\$ 9         | _ ]       | \                      | OR                         | X\$18=                    |                        |  |
|   | Independent                             | • 3   | Minu          |               |  |               | =                              |                                       | X40-          |           | 1                      | OR                         | X80=                      | ·                      |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDEN |   |               |               |  | LAIM          |                                | J                                     |               | コ         | - /                    | 1                          | +270=                     |                        |  |
| +135=  * If the entry in column 1 is less than the entry in column 2, write *0* in column 3.  |   |   |               |               |  |               |                                |                                       |               |           |                        | OR                         | +270=                     |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate both |   |   |               |               |  |               |                                |                                       |               |           |                        | OR                         | ADDIT. FEE                |                        |  |
|   | The Highest Nun                         | nber Previously Pa                          | id For        | (Total or Ind | ependeni   | t) is the     | highest numb                   | er to                                 | ound in the   | e atbl    | propriate bo           | x in c                     |                           |                        |  |